	9898	X VOID	<b>X</b> CORRECTED	For Official Use Only	,	
Type or machine print PAYER'S name,	street address, city, stat	e, and ZIP code	1 Amount includible as income (Add boxes 2 and 3)	OMB No.1545-0119	Total [	Distributions From Profit-Sharing,
				1986	1	Retirement Plans, vidual Retirement
			2 Capital gain (For lump-sum distributions only)	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identifi	ication number	3 Ordinary income	4 Federal income tax v	vithheld	Copy A For Internal
Type or machine print RECIPIENT'S na	ame (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appre in employer's securit		Revenue Service Center For Paperwork Reduction Act
Street address			7 Category of distribution	8 IRA, SEP, or DEC dis	tributions	Notice and instructions for completing this
City, state, and ZIP code			9 Other	10 State income tax wit	hheld	form, see Instructions for
Account number (optional)			Payer's state number	Your percentage of total distribution	%	Forms 1099, 1098, 5498, 1096, and W-2G.
Form 1099-R				Department of the	Treasury -	Internal Revenue Service

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	9898	X VOID	<b>CORRECTED</b>	For Official Use Only		
Т	ype or machine print PAYER'S name, street address, city, state, an	nd ZIP code ∭	1 Amount includible as income (Add boxes 2 and 3)      2 Capital gain (For lump-sum distributions only)	OMB No.1545-0119  1986  Statement for Recipients of		Distributions From Profit-Sharing, Retirement Plans, vidual Retirement Arrangements, Insurance Contracts, Etc.
Р	AYER'S Federal identification number RECIPIENT'S identification	on number	3 Ordinary income	4 Federal income tax v	vithheld	Copy A For Internal
	ype or machine print RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		Revenue Service Center For Paperwork Reduction Act
S	treet address		7 Category of distribution	8 IRA, SEP, or DEC dis	tributions	Notice and instructions for completing this
C	ity, state, and ZIP code		<b>9</b> Other	10 State income tax wit	hheld	form, see Instructions for Forms 1099.
Α	ccount number (optional)		Payer's state number	Your percentage of total distribution	%	1098, 5498, 1096, and W-2G.

Form 1099-R

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Department of the Treasury - Internal Revenue Service

9898 🕱 VOID	<b>CORRECTED</b>	For Official Use Only	
Type or machine print PAYER'S name, street address, city, state, and ZIP code	Amount includible as income (Add boxes 2 and 3)      Capital gain (For lump-sum distributions only)	400 <b>6</b>	tal Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number RECIPIENT'S identification number	3 Ordinary income	4 Federal income tax withh	For Internal
Type or machine print RECIPIENT'S name (first, middle, last)	5 Employee contributions or insurance premiums	6 Net unrealized appreciation employer's securities	Service Center For Paperwork Reduction Act
Street address	7 Category of distribution	8 IRA, SEP, or DEC distribu	tions Notice and instructions for completing this
City, state, and ZIP code	9 Other	10 State income tax withhel	
Account number (optional)	Payer's state number	Your percentage of total distribution	1098, 5498, % 1096, and W-2G.

			TED			
PAYER'S name, street address, city, state, and ZIP code		1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119		istributions From Profit-Sharing, Retirement Plans,
		0.00		1986		/idual Retirement
		2 Capital gain (For ludistributions only)	ımp-sum	Statement for		Arrangements, Insurance
				Recipients of	L	Contracts, Etc.
PAYER'S Federal identification number RECIPIENT'S ide	ntification number	3 Ordinary income		4 Federal income tax v	withheld	
RECIPIENT'S name (first, middle, last)		5 Employee contribu		6 Net unrealized appre		
		insurance premiun	ns	ın employer's securi	ties	
Street address		7 Category of distrib	ution	8 IRA, SEP, or DEC dis	tributions	Copy 1 For State Tax
		Category or distrib	411011	o not, ser, or because	tributions	Department
City, state, and ZIP code		9 Other		10 State income tax wit	hheld	
Account number (optional)		\$ Payer's state number	<u>%</u>	Your percentage		
(aprilia)				of total distribution	%	
Form <b>1099-R</b>				Department of the	Treasury -	Internal Revenue Service
	U VOID	CORREC		I	Total D	istributions From
PAYER'S name, street address, city, state, and ZIP code		1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119		istributions From Profit-Sharing,
				1986		Retirement Plans, vidual Retirement
		2 Capital gain (For lu distributions only)	ımp-sum	<u> </u>		Arrangements,
				Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number RECIPIENT'S ide	ntification number	3 Ordinary income		4 Federal income tax v	vithheld	· · · · · · · · · · · · · · · · · · ·
DECIDIENTIC manage (first models last)		E Frankrik	<b>.</b>	C Nist was alies of a super		
RECIPIENT'S name (first, middle, last)		5 Employee contribu		6 Net unrealized appre in employer's securi		
						Copy 1
Street address		7 Category of distrib	ution	8 IRA, SEP, or DEC dis	tributions	For State Tax Department
City, state, and ZIP code		9 Other		10 State income tax wit	hheld	Department
		\$	%			
Account number (optional)		Payer's state number	r	Your percentage of total	0/	
Form 1099-R	<del></del>			distribution  Department of the	%   Traccuru	Internal Revenue Service
1000 TO 33-10				Department of the	rreasury -	internal Revenue Service
	☐ VOID	CORREC	TED			
PAYER'S name, street address, city, state, and ZIP code		1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119	Total D	istributions From
		(Add boxes 2 and 3	)	4006	F	Profit-Sharing, Retirement Plans,
		2 Capital gain (For lu	ımp-sum	1986	Indiv	idual Retirement/ Arrangements,
		distributions only)		Statement for		Insurance
DAVEDIO E de la La LOS DE LA DECIDIONIZIO DE				Recipients of		Contracts, Etc.
PAYER'S Federal identification number   RECIPIENT'S ide	ntification number	3 Ordinary Income		4 Federal income tax v	vithheid	
RECIPIENT'S name (first, middle, last)		5 Employee contribu		6 Net unrealized appre		
		modifice premier	113	in employer 3 securi	lies	01
Street address		7 Category of distrib	ution	8 IRA, SEP, or DEC dis	tributions	Copy 1 For State Tax
			_			Department
City, state, and ZIP code		9 Other		10 State income tax wit	hheld	
Account number (optional)		\$ Payer's state number	<u>%</u>	Your percentage		
· · · /				of total	o/	

	CORREC	TED				
PAYER'S name, street address, city, state, and ZIP code		1 Amount includible as income (Add boxes 2 and 3)		Total Distributions Fro Profit-Sharir		
			1986		Retirement Plans, vidual Retirement	
	2 Capital gain (For lu distributions only)	mp-sum		""0"	Arrangements,	
			Statement for Recipients of		Insurance Contracts, Etc.	
PAYER'S Federal identification number RECIPIENT'S identification number	3 Ordinary Income		4 Federal income tax	withheld		
RECIPIENT'S name (first, middle, last)	5 Employee contribu insurance premiun		6 Net unrealized appreciation in employer's securities		Copy B For Recipient	
Street address	7 Category of distrib	ution	8 IRA, SEP, or DEC distributions  10 State income tax withheld		This information is being furnished	
City, state, and ZIP code	9 Other	%			to the Internal Revenue Service.	
Account number (optional)	Payer's state number		Your percentage of total distribution %			
Form 1099-R			Department of the	Treasury -	Internal Revenue Service	
	CORREC	TED				
PAYER'S name, street address, city, state, and ZIP code	1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119	Total [	Distributions From Profit-Sharing,	
	2 Capital gain (For lu	mp-sum	1986		Retirement Plans, vidual Retirement	
	distributions only)	mp sam	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.	
PAYER'S Federal identification number RECIPIENT'S identification number	3 Ordinary income		4 Federal income tax	withheld	Corre	
RECIPIENT'S name (first, middle, last)	5 Employee contribu insurance premium		or 6 Net unrealized appreciation in employer's securities		Copy B For Recipient	

7 Category of distribution

Payer's state number

9 Other

Form 1099-R

Street address

City, state, and ZIP code

Account number (optional)

tribution %

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal

Revenue Service.

8 IRA, SEP, or DEC distributions

10 State income tax withheld

Your percentage of total distribution

		CORREC	TED			
PAYER'S name, street address, city, state, and ZIP code		i Amount includible a (Add boxes 2 and 3		OMB No.1545-0119	_ P	
		Capital gain (For lump-sum distributions only)		Statement for Recipients of	inar	vidual Retirement Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Ordinary income		4 Federal income tax withheld		
RECIPIENT'S name (first, middle, last)  Street address  City, state, and ZIP code  Account number (optional)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy B For Recipient
		7 Category of distribu	ıtion	8 IRA, SEP, or DEC distribution		This information is being furnished
		9 Other	ŀ	10 State income tax wit	hheld	to the Internal Revenue Service.
		\$ % Payer's state number		Your percentage of total distribution %		

**Qualified Total Distribution.**—If this is a qualified total distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See **Publication 575**, Pension and Annuity Income, for more information about these provisions.

-If this form reports distributions from an individual retirement arrangement (IRA), simplified employee pension (SEP), or distributions of deductible voluntary employee contributions (DECs) from an employer plan, the amount will be included in Box 8 and there will be no entries in Boxes 1, 2, or 3.

**Death Benefit Exclusion.**—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to \$5,000. Taxable amounts shown in Boxes 2 and 3 are without regard to this solution. Allocate the exclusion between capital gain and ordinary income and include the reduced amounts on your tax return. See Publication 575.

Note: If the total distribution is made to more than one person, the percentage you received is shown in the space below Box 10. Enter the percentage on Form 5544, Multiple Recipient Special 10-Year Averaging Method, if you elect the 10-year averaging method.

**Box 2.**—This part of the distribution qualifies for capital gain treatment. Report it on Schedule D (Form 1040 or Form 1041) and identify it as "Lump-Sum Distribution," o see the instructions for **Form 4972**. Special 10-Year Averaging Method, or Form 5544 for the election to treat this amount as ordinary income for the 10-year averaging method

--This part of the distribution is taxable as ordinary income and may be eligible for a special 10-year averaging method. See Form 4972 or 5544. Also, see the instructions for *Death Benefit Exclusion* above.

Note: If there is an entry in Box 1, but no entries in Boxes 2 or 3, ask the employer to furnish the information for Boxes 2 and 3.

Box 4.—This is the amount of Federal income tax withheld on designated distributions made during 1986. Include this on your income tax return as tax withheld.

## Qualified Total Distribution. —If this is a qualified total distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See **Publication 575**, Pension and Annuity Income, for more information about these provisions.

IRAs.—If this form reports distributions from an individual retirement arrangement (IRA), simplified employee pension (SEP), or distributions of deductible voluntary employee contributions (DECs) from an employer plan, the amount will be included in Box 8 and there will be no entries in Boxes 1, 2, or 3.

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Box 3.--This part of the distribution is taxable as ordinary income and may be eligible for a special IO-year averaging method. See Form 4972 or 5544. Also, see the instructions for *Death Benefit Exclusion* above.

Note: If there is an entry in Box 1, but no entries in Boxes 2 or 3, ask the employer to furnish the information for Boxes 2 and 3.

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Box 3.—This part of the distribution is taxable as ordinary income and may be eligible for a special 10 year averaging method. See Form 4972 or 5544. Also, see the instructions for *Death Benefit Exclusion* above.

Note: If there is an entry in Box 1, but no entries in Boxes 2 or 3, ask the employer to furnish the information for Boxes 2 and 3.

Box 4.—This is the amount of Federal income tax withheld on designated distributions made during 1986. Include this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA, SEP, or DEC, but will show premiums paid on commercial annuities or insurance contracts.

-If the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is taxed only when you sell the securities.

Box 7.—No code may be present if the amount in Box 1 is a normal distribution. The code(s) listed identifies the type of distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, or 5); 2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Other; 7—Normal IRA, SEP, or DEC distributions; 8—Excess contributions refunded plus earnings on such excess contributions; 9—PS 58 costs; 4—Qualifies for 10-year averaging; 8—Qualifies for death benefit exclusion; C—Qualifies for both A and B.

Box 8.—Amounts received from an IRA, SEP, or DEC may be includible in income depending on the type of distribution. See Publication 590, Individual Retirement Arrangements (IRAs), for more information.

**Box 9.**—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable, but only to the extent the payments are more than your basis in the annuity. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 10-year averaging method on Form 5544

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7

If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Code 4 will be shown in Box 7 See Publication 525, Taxable and Nontaxable Income.

Box 10.—This is the amount of any state income tax withheld on this distribution in 1986.

## Box 5.—Amounts contributed or considered contributed by the individual that were not deductible by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA, SEP, or DEC, but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is taxed only when you sell the securities.

Box 7.—No code may be present if the amount in Box 1 is a normal distribution. The code(s) listed identifies the type of distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, or 5); 2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Other; 7—Normal IRA, SEP, or DEC distributions; 8—Excess contributions refunded plus earnings on such excess contributions; 9—PS 58 costs; A—Qualifies for 10-year

averaging: B-Qualifies for death benefit exclusion; C-Qualifies for both A and B. **Box 8.**—Amounts received from an IRA, SEP, or DEC may be includible in income depending on the type of distribution. See **Publication 590**, Individual Retirement Arrangements (IRAs), for more information.

Box 9.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable, but only to the extent the payments are more than your basis in the annuity. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 10-year averaging method on Form 5544.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7

If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Code 4 will be shown in Box 7. See **Publication** 525, Taxable and Nontaxable Income.

Box 10.—This is the amount of any state income tax withheld on this distribution in 1986

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will not show any contributions to an IRA, SEP, or DEC, but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is taxed only when you sell the securities.

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1—Premature distribution (other than codes 2, 3, 4, or 5); 2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Other; 7—Normal IRA, SEP, or DEC distributions; 8—Excess contributions refunded plus earnings on such excess contributions; 9—PS 58 costs; 4—Qualifies for 10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B.

**Box 8.**—Amounts received from an IRA, SEP, or DEC may be includible in income depending on the type of distribution. See **Publication 590**, Individual Retirement Arrangements (IRAs), for more information.

Box 9.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable, but only to the extent the payments are more than your basis in the annuity. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 10-year averaging method on Form 5544.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7

If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Code 4 will be shown in Box 7. See **Publication** 525, Taxable and Nontaxable Income

Box 10.—This is the amount of any state income tax withheld on this distribution in 1986.

			TED			
PAYER'S name, street address, city, state, and ZIP code		1 Amount includible as income (Add boxes 2 and 3)		OMB No.1545-0119		Distributions From Profit-Sharing,
		2 Capital gain (For Iu	ımp-sum	1986		Retirement Plans, vidual Retirement
		distributions only)	p ca	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S Identification number	3 Ordinary income		4 Federal income tax	withheld	Copy 2
RECIPIENT'S name (first, middle, last)		5 Employee contribu insurance premium		6 Net unrealized appr in employer's secur		To be filed with
Street address		7 Category of distribu	ution	8 IRA, SEP, or DEC dis	stributions	recipient's state income tax return.
City, state, and ZIP code		9 Other	0/	10 State income tax wi	thheld	tux return.
Account number (optional)		Payer's state number	%	Your percentage of total distribution	%	
Form 1099-R				<del></del>	Treasury -	Internal Revenue Service
PAYER'S name, street address, city, stat	e, and ZIP code	CORREC		OMB No.1545-0119	]Total ն	Distributions From
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Add boxes 2 and 3		1986		Profit-Sharing, Retirement Plans, vidual Retirement
		2 Capital gain (For lu distributions only)	mp-sum	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Ordinary income		4 Federal income tax	<b>l</b> withheld	Copy 2
RECIPIENT'S name (first, middle, last)		5 Employee contributionsurance premium		6 Net unrealized appring in employer's securion		To be filed with
Street address		7 Category of distribu	ution	8 IRA, SEP, or DEC dis	tributions	recipient's state income tax return.
City, state, and ZIP code		9 Other	%	10 State income tax wit	thheld	
Account number (optional)		Payer's state number		Your percentage of total distribution	%	
Form 1099-R				Department of the	Treasury -	Internal Revenue Service
		CORREC	TED		_	
PAYER'S name, street address, city, state	e, and ZIP code	1 Amount includible (Add boxes 2 and 3				Distributions From Profit-Sharing, Retirement Plans,
		2 Capital gain (For lu distributions only)	mp-sum	1986		vidual Retirement Arrangements,
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Ordinary Income		Statement for Recipients of	withhold	Insurance Contracts, Etc.
	The state of definition number	,	tions ==			Copy 2 To be filed
RECIPIENT'S name (first, middle, last)		5 Employee contributionsurance premium		6 Net unrealized approin employer's securi		recipient's
Street address		7 Category of distribu	ution	8 IRA, SEP, or DEC dis	tributions	state income tax return.

9 Other

Payer's state number

City, state, and ZIP code

Account number (optional)

10 State income tax withheld

Your percentage of total distribution

%

	\	/OID	CORREC	CTED			
PAYER'S name, street address, city, sta	te, and ZIP code		1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119		Distributions From Profit-Sharing, Retirement Plans,
			2 Capital gaın (For lu	ımp-sum	1986		vidual Retirement
			distributions only)	<b>P</b>	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification num	nber	3 Ordinary Income		4 Federal income tax v	withheld	Сору С
RECIPIENT'S name (first, middle, last)			5 Employee contributinsurance premiun		6 Net unrealized appre in employer's securi		For Payer For Paperwork Reduction Act Notice and
Street address			7 Category of distrib	ution	8 IRA, SEP, or DEC dis	tributions	instructions for completing this
City, state, and ZIP code	,		9 Other \$	%	10 State income tax wit	hheld	form, see Instructions for Forms 1099,
Account number (optional)			Payer's state number		Your percentage of total distribution	%	1098, 5498, 1096, and W-2G.
Form <b>1099-R</b>					•		Internal Revenue Service
		/OID	CORREC			1 <del>.</del>	Note that the second
PAYER'S name, street address, city, star	te, and ZIP code		1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119		istributions From Profit-Sharing, Retirement Plans,
		-	2 Capital gain (For lu	ımp-sum	1986		vidual Retirement
			distributions only)		Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification num	nber :	3 Ordinary income		4 Federal income tax w	vithheld	Copy C
RECIPIENT'S name (first, middle, last)		!	5 Employee contributinsurance premium		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act Notice and
Street address		7	7 Category of distribu	ution	8 IRA, SEP, or DEC dist	tributions	instructions for completing this
City, state, and ZIP code		i	9 Other	%	10 State income tax with	hheld	form, see Instructions for Forms 1099,
Account number (optional)		ı	Payer's state number		Your percentage of total distribution	%	1098, 5498, 1096, and W-2G.
Form 1099-R						Treasury -	Internal Revenue Service
	v	OID.	CORREC	TED		-	
PAYER'S name, street address, city, stat	e, and ZIP code	1	1 Amount includible (Add boxes 2 and 3		OMB No.1545-0119		Profit-Sharing,
		ļ.,	2 Capital gain (For lu	mp cum	1986		Retirement Plans, vidual Retirement
			distributions only)	mp-sum	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification num	nber 3	3 Ordinary Income		4 Federal income tax w	vithheld	Сору С
RECIPIENT'S name (first, middle, last)			5 Employee contributinsurance premium		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act Notice and
Street address			7 Category of distribu	ution	8 IRA, SEP, or DEC dist	tributions	instructions for completing this
City, state, and ZIP code		9	9 Other	%	10 State income tax with	nheld	form, see Instructions for Forms 1099,
Account number (optional)		F	Payer's state number		Your percentage of total distribution	%	1098, 5498, 1096, and W-2G.